TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control  540  Department or Agency  Alabama State Board of Medical Examiners
Rule No.  540-X-7, Appendix F
Rule Title: Application for Reinstatement of Physician Assistant/Anesthesiologist Assistant License

_____ New  _____ X  Amend  _____ Repeal  _____ Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?  
NO

Is there a reasonable relationship between the state’s police power and the protection of the public health, safety, or welfare?  
YES

Is there another, less restrictive method of regulation available that could adequately protect the public?  
NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?  
NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?  
NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?  
YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?  
NO

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Does the proposed rule have an economic impact?  NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

Date:  November 18, 2022
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7, Appendix F, Reinstatement of Physician Assistant/Anesthesiologist Assistant License

INTENDED ACTION: Amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend to clarify and expound upon background questions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including January 4, 2023. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board’s website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: January 4, 2023

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
Under Alabama law, this document is a public record and will be provided upon request.

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 / Montgomery, AL 36101-0946 / (334)-242-4446

APPLICATION FOR REINSTATEMENT OF
PHYSICIAN ASSISTANT/ANESTHESIOLOGIST ASSISTANT LICENSE

NAME
ADDRESS
INITIAL LICENSE NUMBER
ISSUE DATE
DATE OF REVOCATION/SUSPENSION/SURRENDER OF LICENSE:
REASONS FOR REVOCATION/SUSPENSION/VOLUNTARY SURRENDER OF
LICENSE (Please give detailed reasons)

Required background information:

If your answer is “yes,” please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime,
offense, or violation of any law, felony, or misdemeanor, including, but not limited to,
offenses related to the practice of medicine or state or federal controlled substances
laws?
   * This question excludes minor traffic violations such as speeding and parking tickets
   but includes felony and misdemeanor criminal matters that have been dismissed,
   expunged, sealed, subject to a diversion or deferred prosecution program, or
   otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender
laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action
for injury, damages, or wrongful death for breach of the standard of care in the
performance of your professional service (“malpractice”)?

4. To your knowledge, as of the date of this application, are you the subject of an
investigation or proposed action by any law enforcement agency?
5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority?

7. Have you ever been denied a license to practice as an assistant to physicians in any state or jurisdiction or has your application for a license to practice as an assistant to physicians been withdrawn under threat of denial?

8. Has your certification or license to practice as an assistant to physicians in any state or jurisdiction ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

11. Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

12. Within the past five years, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*The term "currently" does not mean on the day of, or even in the weeks or months
preceding, the completion of this application. Rather, it means recently enough that the condition referred to may have an ongoing impact on one’s functioning as an assistant to physicians within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer “No” to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners.

14.a. **IMPORTANT:** The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), an advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice with reasonable skill and safety to patients can result in the Board taking action against the license to practice as an assistant to physicians.

Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above. Please answer yes or no to the following questions. If any answer is “yes,” provide a detailed explanation.

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?
3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?
4. Have you ever been denied a state or federal controlled substance certificate?
5. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority?
6. Has your certification or license to practice as a physician/anesthesiologist assistant in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered while under investigation in any state?
7. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, placed under conditions restricting your practice, or voluntarily surrendered while under investigation?
8. Have you ever been denied a certification or license to practice as a physician/anesthesiologist assistant in any state or has your application for certification or for a license to practice as a physician/anesthesiologist assistant been withdrawn under threat of denial?
9. Have you ever had a judgment rendered against you or action settled relating to the performance of your professional service?
10. Are you currently registered, certified to or working for any other primary supervising physician/anesthesiologist in another state? If so, answer yes.
If YES, list the name and principal practice location of each primary supervising physician/anesthesiologist to whom you are certified. In addition, state your designated working hours per week for each physician/anesthesiologist listed.

11. Have you ever been certified as a physician/anesthesiologist assistant by the Alabama Board of Medical Examiners in the past?

________ If YES, please list the names of the physicians/anesthesiologists?

12. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority?

13. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

14. Are you currently engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Physician Health Program and are in compliance with your contract, you may answer "No" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical).

If you answer "Yes", then a description is required.

IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health-care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician Health Program (334-354-2506), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as an assistant to physician.

________ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as an assistant to a physician within the past two years.

15. Have you been, within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

16. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?

Education/Training/Experience:

15. Has your medical education, training, or medical practice been interrupted or
suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

16. Are you currently registered, certified to or working for any other primary supervising physician/anesthesiologist in another state? If so, answer yes.
If YES, list the name and principal practice location of each primary supervising physician/anesthesiologist to whom you are certified. In addition, state your designated working hours per week for each physician/anesthesiologist listed.

17. Have you ever been certified as a physician/anesthesiologist assistant by the Alabama Board of Medical Examiners in the past?
   If YES, please list the names of the physicians/anesthesiologists.

Please list all states in which you hold or have applied for licensure:

Certification and Release:

I, [full name], certify that all of the information supplied in the submitted application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of me and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of any certification / licensure granted.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release of the Alabama Board of Medical Examiners from all liability for the release of this information.

I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information, and belief.

Assistant to Physicians' Signature. I hereby certify that the information contained herein is true and accurate to the best of my ability.

Date

Applicant's Signature

___SWORN to and subscribed before me this ____ day of __________________.
Notary Public

My commission expires:

I hereby authorize the release of any information, favorable or otherwise concerning me, in your files to the Alabama Board of Medical Examiners. A photostat copy of this authorization shall be as valid as the original.

Applicant's Signature
ALABAMA BOARD OF MEDICAL EXAMINERS
DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, § 2011–535, also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by individuals applying for licenses or permits.

SECTION I.—APPLICANT INFORMATION

NAME:

(Print or Type) (Last) (First) (M.I.)

DATE OF BIRTH:

SECTION II.—U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (check one): ___ Yes ___ No

If you answered YES: (1) Provide an original (only-in-person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

Name of document provided:

If you answered NO: Complete Sections III and IV.

SECTION III—ALIEN STATUS

Are you an alien lawfully present in the United States? ___ Yes ___ No

If you answered YES: (1) Provide an original (only-in-person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

Name of document provided:

SECTION IV—DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE
LIST A

DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP

(1) The applicant’s driver’s license or non-driver’s identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant’s driver’s license or non-driver’s identification card that the person has provided satisfactory proof of United States citizenship.

(2) The applicant’s birth certificate that satisfactorily verifies United States citizenship.

(3) Pertinent pages of the applicant’s United States valid or expired passport identifying the applicant and the applicant’s passport number.

(4) The applicant’s United States naturalization documents or the number of the certificate of naturalization.

(5) Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.

(6) The applicant’s Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.

(7) The applicant’s consular report of birth abroad of a citizen of the United States of America.

(8) The applicant’s certificate of citizenship issued by the United States Citizenship and Immigration Services.

(9) The applicant’s certification of report of birth issued by the United States Department of State.

(10) The applicant’s American Indian card, with KIC classification, issued by the United States Department of Homeland Security.

(11) The applicant’s final adoption decree showing the applicant’s name and United States birthplace.

(12) The applicant’s official United States military record of service showing the applicant’s place of birth in the United States.

(13) An extract from a United States hospital record of birth created at the time of the applicant’s birth indicating the applicant’s place of birth in the United States.
LIST B

DOCUMENTS INDICATING STATUS OF QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PARoled INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*");

a. "Qualified Alien"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on * I-94 Form.

— Asylee

- Form 1-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Services;
- Order of an immigration judge granting asylum.

— Refugee

- Form 1-94 annotated with stamp showing admission under § 207 of the INA;
- Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or

— Alien Paroled Into the U.S. for at Least One Year

- Form 1-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement)

— Alien Whose Deportation or Removal Was Withheld

- Form I-688B (Employment Authorization Document) annotated "274a.12(a)(10)";
- Form I-766 (Employment Authorization Document) annotated "A4";
- Order from an immigration judge showing deportation withheld under § 243(h) of the INA as in effect prior to April 1, 1997; or removal withheld under § 241(b)(3) of the INA.

— Cuban/Haitian Entrant

- Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code "CU6", "CU7", or "CH6."
- Unexpired temporary I-551 stamp in foreign passport or on * Form 1-94 with the code "CU6" or "CU7";
- Form 1-94 with stamp showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA.

— Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty
U.S. Citizenship and Immigration Service petition and supporting documentation

Authority: Alabama Board of Medical Examiners

History: Amended/Approved: November 16, 2017. Effective Date: April 9, 2018.